



## OUR MISSION STATEMENT

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from unsafe practitioners and practices.

## KBRC NEWSLETTER 2012 FALL/WINTER EDITION

### Board Information

Janet R. Vogt, *RRT*  
Chairman  
Jeff W. Knight, *RRT*  
Vice-Chairman  
Robert W. Powell, *M.D.*  
Board Member  
Kathleen Kearney Schell  
Citizen At Large  
Jeff Smitherm, *RRT*  
Board Member  
Tina Siddon, *RRT*  
Board Member  
Matthew McIntosh, *M.D.*  
Board Member  
Cheryl Lalonde, *AAG*  
Attorney  
Peggy Lacy Moore  
Executive Director  
Rick L. Rose  
Administrative Assistant

The KBRC Office can be reached at the numbers listed below.

#### **Board Office:**

163 W. Short Street  
Suite 350  
Lexington, KY 40507  
Phone(859) 246-2747,  
Fax: (859) 246-2750 or  
online at: <http://kbrc.ky.gov>  
The KBRC is now on:



FACEBOOK

## THE 2013 RENEWAL

The KY Board of Respiratory Care with the assistance of KY.Gov announces online licensure renewal for respiratory therapists beginning on November 1, 2012. We strongly encourage you to use this service. We are very pleased to offer you the ability to print your renewal I.D. card before you exit the online renewal window.

The KBRC has made changes that will streamline the renewal process and remove some issues regarding CEU acceptability. The CEU page on the online renewal will have some changes. The course number box will be set up to accept only 8 and 9 digit numerical values for approved courses by the KBRC and AARC. (Example: 10206002 or 435500454) The only exception will be ACLS, PALS, NRP, RRT, CRT Recredentialing and RRT Recredentialing.

The help icon will assist you in typing course titles and number of CEUs for those CEU's. (Example: type ACLS into the course number box and type 10 in the CEU amount box.) Any other CEUs that have 8 or 9 digits you will simply input those digits into the course number box. Any other combination will be rejected. (Examples of CEUs that will be rejected: CEP-245678, 43567-234-2434)

The date box for CEUs will have a two-year (2) limitation. If dates do not comply with the KBRC rules and regulation, then those CEUs will be rejected. Please also remember to print your receipt and your new I.D. renewal card when you finish the renewal. These guidelines are in place to avoid problems with CEU issues before the therapist completes the renewal. If you have questions, please contact the Board office at 859-246-2747 for assistance. Click on the following link to begin the online renewal process.

#### RENEWAL FORM - SUBMIT BY U.S. MAIL

A paper form is provided for any therapists that need to renew by mail. On Nov. 1, 2012, a link will appear on the KBRC website that will allow you to print a 2013 renewal form. (Be aware that the same criteria stated above will also comply on the renewal paper forms you submit by mail and will be overviewed by the KBRC).

## **Medical Marijuana May Impair Driving Skills, Study Suggests**

By Join Together Staff | July 30, 2012

Medical marijuana may worsen driving skills, but typical sobriety tests do not detect the impairment, a small study suggests.

The study included 12 frequent marijuana users and 12 people who used marijuana three times a month at most. At three points, researchers gave participants a 20 milligram or 10 milligram pill of dronabinol, sold as Marinol (which contains THC, the active ingredient in marijuana), or a placebo pill that contained no drugs. After two to four hours, participants completed a series of driving tests. They tried to maintain a constant speed and drive in a straight line, or follow at a constant distance behind another vehicle. They also underwent a typical sobriety test, which includes walking and turning, and balancing on one leg.

The study found participants given medical marijuana tended to weave a few centimeters side to side in the hours after they took the drug. The impairment was smaller in those who used marijuana regularly, [Reuters](#) reports. After using medical marijuana, participants took a second or so longer to react when they followed another car. The researchers acknowledge this finding could have been due to chance. In people who had not built up a tolerance to marijuana, the effects were similar to driving with a blood alcohol content of 0.08, the point at which drivers are considered legally impaired.

The sobriety tests did not detect any impairment due to marijuana, the researchers report in the journal [Addiction](#).

Dr. Guohua Li of Columbia University, who has studied marijuana and traffic accidents and was not involved in the new study, told Reuters, "At this time, we know very little about the possible effects that medical marijuana may have on, say, motor vehicle crash rates, injury rates and mortality rates. There is a concern medical marijuana may interact with other drugs such as alcohol that may further compromise driving safety."



## **Electronic Cigarettes Cause Damage to Lungs, Study Finds**

By Makiko Kitamura - Sep 3, 2012 5:31 AM ET.

Electronic cigarettes cause damage to the lungs, according to a study that challenges earlier research suggesting the devices to quit smoking are harmless.

E-cigarettes, electronic tubes that simulate the effect of smoking by producing nicotine vapor, caused an immediate increase in airway resistance, lasting for 10 minutes, making it harder for participants to breathe, researchers from the University of Athens said in a study presented at the European Respiratory Society annual meeting in Vienna today. The researchers used a lung function test to observe airway resistance in 32 participants who used an e-cigarette for 10 minutes. Among the healthy subjects who had never smoked, airway resistance rose to an average 206 percent from 182 percent; among smokers with normal lung function, the reading rose to an average 220 percent from 176 percent.

"We do not yet know whether unapproved nicotine delivery products, such as e-cigarettes, are safer than normal cigarettes, despite marketing claims that they are less harmful," Christina Gratzou, one of the study authors, said in a statement. "This research helps us to understand how these products could be potentially harmful."

(Continued on next page.)

## Psychological Effects

Electronic cigarettes, which mimic the look and feel of traditional versions without generating smoke and ash, are one of the few smoking alternatives that provide users with their chemical need for nicotine and reproduce the psychological effect of holding and smoking a cigarette, the Onassis researchers said.

Makers of the battery-powered devices include Lorillard Inc. (LO), a Greensboro, North Carolina-based producer of standard cigarettes, which acquired Blu Ecigs for \$135 million in April. The U.S. Food and Drug Administration has yet to impose rules on the testing and production of e-cigarettes.

About 2.5 million people use e-cigarettes in the U.S., according to an estimate by the Tobacco Vapor Electronic Cigarette Association.

To contact the reporter on this story: Makiko Kitamura in London at mkitamura1@bloomberg.net

To contact the editor responsible for this story: Phil Serafino at pserafino@bloomberg.net.



### **Be Aware If You Do Not Renew And Attempt To Work Without A License** **(Lapsed Licensure—No Licensure)**

**Too many folks are not aware of their expiration dates.** At the February 2007 meeting the Board discussed guidelines for legal counsel to take actions against individuals who have worked without proper license. The Board charged legal counsel and staff to issue Agreed Orders to those individuals found to have worked illegally, with suspensions of up to two (2 weeks) and fines up to \$750 (\$50 per day). Any other lapse for therapist fined over \$750 and suspended more than two (2) weeks, would need approval by the Board at

its next scheduled meeting before a license could be reissued or reinstated, to work again.

## **From the Chairs Desk**

### **What's new at the NBRC?**

1. New Examination for Adult Critical Care Specialist as of July 17, 2012
2. Changes in the RT credentialing system , starting in January 2015. The changes to include: a single multiple choice examination with separate passing points for the CRT credential and eligibility for the Clinical Simulation Examination, which has been formatted to include a larger number of shorter simulation problems.
3. Recognition of the CRT-SDS and RRT-SDS credentials by the AASM in its Accreditation for Sleep Disorders Centers.

### **What's new at the AARC?**

1. Continue to work with CoARC to develop core competencies for the degree advancement programs.
2. Continue to consider the recommendations put forth by the 2015 ad-hoc committee from the 3rd conference held in April 2012.
3. Continues to address the role of the RT in both chronic lung disease and disease management in all healthcare venues.
4. Continue to work on getting Medicare Part B to recognize the services of the qualified RT.
5. Promote the RT profession and their role in the interdisciplinary team.
6. Promote the development of defined competencies required to provide future respiratory care in both the schools and healthcare facilities.

# **Keeping Track Of Your CEU Information**

## **Using a file system to locate your CEUs**

Therapists have a lot of CEU information to keep up with and produce when it comes to renewing their licensure. There are state requirements, NBRC requirements and in some cases there are categories on the type of CEUs you can and cannot use. Here is a helpful way to maintain your CEUs so they do not confuse you down the road. A simple file system should do the trick.

1. Learn what is acceptable within your state's guidelines for non-AARC CEUs. If you have questions on what is or is not acceptable, contact your Board.
2. Purchase a box of assorted 1/3 tab letter sized files that can hold up to about an inch thickness of materials or documents.
3. Label them accordingly by **STATE BOARD, NBRC**

### **STATE BOARD FILE**

- (1) Within the **State** folder have dividers according to your renewal years such as (2011 - 2013) or (2012 - 2014) and only place those CEUs you purchased, completed or were given in the years you will be renewing. you may also want to sub-divide according to providers such as AARC or KBRC approved etc... Also, update your address promptly, our regulation states, within 20 days after moving, update with KBRC.
- (2) Place checkmarks on the CEUs that will actually be used on the renewal to remind yourself and if you are audited you will know what copies to send in with paperwork. Keep all CEUs for average span of (5) five to (6) six years. Unused CEUs cannot carry over to next renewal.

### **NBRC FILE**

- (1) NBRC file should reflect the expiration date that appears on your NBRC card. Be ready to access at least (30) thirty CEUs you have used for state renewal, payment and any changes in address to allow NBRC to contact you.

## **Ohio Uses Fingerprint Scans to Fight Prescription Drug Abuse**

By Join Together Staff | July 30, 2012 | 2 Comments | Filed in Community Related, Prescription Drugs & Prevention



A pilot program in Ohio is using fingerprint scans in an effort to fight prescription drug abuse. Patients submit to a scan before seeing doctors in one hospital system, while several pharmacies are using the scans for patients filling prescriptions. Participation in the program is voluntary.

The biometric tools being used in the one-year program are similar to those used by U.S. forces in Iraq and Afghanistan to spot potentially dangerous people, according to The Wall Street Journal.

In Ohio, an average of 67 opioid painkillers are prescribed to each resident every year,

the article notes. If the pilot program is successful, the scans could become more widespread throughout the state.

Once the fingerprint is scanned, the data is instantly uploaded to the patient's electronic medical record. The information will help track how many times the patient has visited the doctor and pharmacy, and how many pills the patient has been prescribed.

The instant information provided by the fingerprints will provide data more quickly than Ohio's prescription drug monitoring program, which has a one-week lag in uploading patient data.

The Ohio program allows officials to focus on prevention, Orman Hall, Director of Ohio's Department of Alcohol and Drug Addiction Services, told the newspaper. "Currently, it's all after the fact," he said. The pilot program "gives us better and more timely information about people who are abusing."

In a news release, Hall noted, "We are excited about the potential of this new technology to help reduce prescription drug abuse, doctor shopping and sales of medications for the purposes of abuse."



## **IMPORTANT DATES & EVENTS**

Page 7

### **Kentucky Board of Respiratory Care Meeting Dates 2012**

Thursday, October 17, 2012, 5:30 p.m.,  
KBRC Offices - 163 W. Short Street, Lexington, KY 40507

Thursday, December 13, 2012, 5:30 p.m.,  
KBRC Offices - Dinner meeting, Location TBA, In Lexington, KY.

Wednesday - Friday, 2012 KSRC Meeting, Lexington, KY  
October 3 — 5, 2012  
Fayette County Extension  
Service, in Lexington, Kentucky



### **New Board Member Tina M. Siddon, RRT**

The Kentucky Board of Respiratory Care introduces and welcomes our new Board Member, Mrs. Tina M. Siddon. We look forward to her participation and input during her term with the KBRC.

Mrs. Siddon's career began as an on the job trained therapist in Missouri. She later received her certificate and associate degree in Respiratory Therapy in Kentucky. She has worked in a variety of settings including acute care, home care and patient education. She currently works full time at Madisonville Community College as the Program

Director of the Respiratory Therapy Program. She also works as needed at The Regional Medical Center in Madisonville. Mrs. Siddon has a bachelor of integrated studies from Murray State University with a focus in Career and Technical Education. She is also currently working on a Master's Degree with Murray State University and is also the Co-Director of Camp WonderKids, a day camp for children with asthma.

# Commentary: Steps to Curb Prescription Drug Abuse Epidemic

by: Rep. Mary Bono Mack | July 17, 2012



Prescription drug abuse is more than a public health epidemic – it's a national tragedy.

As Chairman of the House Subcommittee on Commerce, Manufacturing and Trade, I have held several nationally-televised hearings on the problem.

As Honorary Chairman of Mothers Against Prescription Drug Abuse (MAPDA), I have witnessed its pain first-hand.

And one undeniable fact stands out: Prescription drug abuse is getting worse, and a comprehensive national strategy for combating it is desperately needed. As Americans, we rally around efforts to fight breast cancer, childhood diseases and other serious health threats. But for far too long, there have only been hushed whispers about prescription drug abuse – now the fastest growing drug problem in America, according to the Centers for Disease Control and Prevention.

So as the death toll from prescription drug overdoses continues to rise sharply, it's time to move this story from the obituary page to the front page where it belongs.

It's time to realize that we can't simply wish this horrific problem away. Not with more than 20,000 people a year dying from it. Not when the number of babies born addicted to the class of drugs that includes prescription painkillers has tripled in the past decade. Not when nearly one out of 4 high school seniors has used prescription painkillers.

Rest assured, if 20,000 people died each year from food poisoning, Americans would demand immediate action.

So why has it taken so long for our governmental agencies to get serious about combating prescription drug abuse?

The Food and Drug Administration's Risk Evaluation and Mitigation Strategy (REMS) for Extended-Release and Long-Acting Opioids is a classic example of a plodding agency muddling its way through piles of indisputable evidence.

Can anyone explain why the FDA took more than three years before deciding this month that drug companies which make "extended-release or long-acting painkillers" must provide expanded education to prescribers and consumers about the dangers and risks of addiction? How many people died needlessly in the meantime? Instead of three years, it should have taken the FDA about three minutes to take action after looking at the skyrocketing statistics and horror stories all across America.

But the FDA isn't alone in the blame. The DEA, NIDA, SAMHSA and even Congress have all been slow to react.

people across America are being prescribed OxyContin, as well as other generic oxycodone drugs, for less severe reasons – clinically known as "moderate pain" – greatly expanding the availability and potential for abuse of these powerfully-addictive narcotics.

*(Continued on next page)*



While we're starting to see some progress in the fight against prescription drug abuse, a lot more clearly has to be done.

By better coordinating the efforts of local, state and national agencies – and by reducing the supply of highly addictive opioid painkillers – I am convinced that we can eventually save thousands of lives, and spare millions of American families from the devastating heartache of addiction.

So what's the answer? I believe one critically important first step is to do a better job of monitoring and limiting access to prescription drugs containing controlled-release oxycodone hydrochloride, including the popular painkiller OxyContin.

The next step is to make certain that doctors, dentists, nurse practitioners and other prescribers are up to speed on the dangers of addiction.

Originally, OxyContin was intended to be prescribed only for severe pain as a way to help patients dealing with late-stage cancer and other severe illnesses. Today, however, more and more people across America are being prescribed OxyContin, as well as other generic oxycodone drugs, for less severe reasons – clinically known as “moderate pain” – greatly expanding the availability and potential for abuse of these powerfully-addictive narcotics.

While we're starting to see some progress in the fight against prescription drug abuse, a lot more clearly has to be done.

By better coordinating the efforts of local, state and national agencies – and by reducing the supply of highly addictive opioid painkillers – I am convinced that we can eventually save thousands of lives, and spare millions of American families from the devastating heartache of addiction.



*Rep. Mary Bono Mack, R-CA, serves as Chairman of the House Subcommittee on Commerce, Manufacturing and Trade . Article commentary found on <http://www.drugfree.org>*



If you did not get a chance to read the last issue of the KBRC Newsletter, You can still find it available at the KBRC website: <http://kbrc.ky.gov>

The KBRC website can help you find answers regarding your licensure, scope of practice, continuing education and verification questions. You may contact us at: (859) 246-2747 Fax: (859) 246-2750 with questions or inquiries.

*The KBRC Newsletter is produced by Rick Rose, edited by Janet Vogt and Peggy Lacy Moore.*

***The KBRC Board is self-supporting and receives no general fund tax appropriation. It is funded through fees assessed for licensing its professionals.***

~~~~~

If you want to file a complaint or address an issue of concern to the Board, submit a written statement with as much detail as possible including your name, names involved in the complaint or issue, phone numbers and summary of your complaint and mail to the KBRC office at the address below. Attention: Peggy Lacy Moore, Executive Director.

**KENTUCKY BOARD OF RESPIRATORY  
CARE**

**Traditional Bank Building  
163 West Short Street, Suite 350  
Lexington, KY 40507  
Phone: (859) 246 - 2747  
Fax: (859) 246 - 2750  
Web Address: <http://kbrc.ky.gov>**